

## RELEASE OF RECORD INFORMATION COMPLAINT

<b>FOR DEPARTMENT USE ONLY</b>	
REQUESTER CODE	
CASE NUMBER	

I believe my driver license/identification card information was released under fraudulent means. I wish to file a complaint against the person or business named below.

<b>COMPLAINANT</b>	NAME		
	ADDRESS		APT. NUMBER
	CITY		STATE      ZIP CODE
	DAYTIME TELEPHONE NUMBER (      )		HOME TELEPHONE NUMBER (      )
	SIGNATURE OF COMPLAINANT <b>X</b>		DRIVER LICENSE/ID NUMBER      DATE COMPLAINT FILED
<b>COMPLAINT AGAINST</b>	PERSON'S NAME		DATE(S) ALLEGED VIOLATION OCCURRED
	BUSINESS NAME		
	ADDRESS		
	CITY      STATE      ZIP CODE		TELEPHONE NUMBER (      )
	DESCRIBE INFORMATION REQUESTED		DID YOU COMPLAIN TO THE PERSON/BUSINESS <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, LIST PERSON CONTACTED/TELEPHONE NUMBER		
	CONTACTED PERSON'S RESPONSE		
<b>EXPLANATION OF COMPLAINT</b>  (Please print or type)	DESCRIBE WHAT HAPPENED. INCLUDE THE DRIVER'S LICENSE AND/OR VEHICLE(S) LICENSE NUMBER(S) ABOUT WHICH THE INFORMATION WAS REQUESTED. (ATTACH COPIES OF RELEVANT DOCUMENTS OR ADDITIONAL SHEETS, IF NECESSARY.) BE AS SPECIFIC AS POSSIBLE, INCLUDE HOW YOU BECAME AWARE OF THIS VIOLATION.		
			DID REQUESTER RECEIVE RESIDENCE ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>WHAT ACTION OR REMEDY DO YOU SEEK?</b>			

**DEPOSIT THIS COMPLAINT IN THE EXPRESS BOX OF DMV OFFICE, OR MAIL TO:**  
 DMV, INFORMATION SERVICES BRANCH, POLICY/AUTOMATION SECTION, MAIL STATION H225  
 P. O. BOX 942890, SACRAMENTO, CA 94290-0001  
 FOR FURTHER INFORMATION CALL (916) 657-5583